

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kirk Raboin

Mailing Address P O Box 3002

City

Longview

State

WA

Zip Code

98632-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth St. John Medical Center

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : 22735376

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Nancy Steiger RN, FACHE

Mailing Address 2901 Squalicum Parkway

City

Bellingham

State

WA

Zip Code

98225-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth St. Joseph Medical Center

Occupation

Chief Executive Officer and Chief Miss

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : 22735377

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Ms. Carol Aaron

Mailing Address 2534 NE Regents

City

Portland

State

OR

Zip Code

97212-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Senior Vice President, Culture & Peopl

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : 22735390

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►